

7565
S. No. 2
OM-2-437
5-17-39
X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33889

State File No. _____
Registrar's No. 9272

FILED OCT 27 1943 318

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John Wittmaier

3. (b) If veteran, name war No. 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amelia Wittmaier 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased September 19 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days -0 If less than one day _____ hr. _____ min.

9. Birthplace Crystal City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Chef

11. Industry or business Restaurant

12. Name Jacob Wittmaier
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Marie Beyer
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amelia Wittmaier
(b) Address 3822 Minnesota

17. (a) Burial (b) Date thereof 10/22.43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec

19. (a) OCT 21 1943 (b) J. F. Braddock
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3822 Minnesota
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19,
year 1943 hour 3:27 minute P. M.

21. I hereby certify that I attended the deceased from August 29,
1943 to October 19, 19 43

that I last saw him alive on _____, 19 _____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Thrombosis

Due to Arteriosclerotic Heart Disease

Due to Hypertension of leg

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy as above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature William D. Bask (M. D. or other) _____
Address _____ Date signed _____

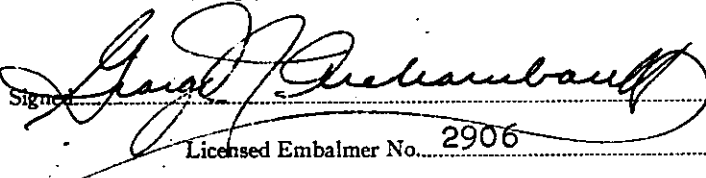
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed 

Licensed Embalmer No. **2906**

P. O. Address. **3013 Meramec**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.